

FY 2006, 2007, 2008 GPRA MEASURES – MARCH 2006 DRAFT

Performance Measure	FY 2006 Target	FY 2007 Target	FY 2008 Target	Headquarters Lead
TREATMENT MEASURES				
Diabetes Group				
1. Diabetes: Poor Glycemic Control: Proportion of patients with diagnosed diabetes with poor glycemic control (A1c > 9.5). [outcome]	Maintain at the FY 2005 rate of 15%	Maintain at the FY 2005 rate of 15%	Maintain at the FY 2007 rate [Diabetes program is considering development and testing of a comprehensive diabetes measure for FY 2009, which would replace 3 or more of the measures in the Diabetes Group]	Kelly Acton, OCPS/DDTP, 505-248-4182 Kelly Moore
2. Diabetes: Ideal Glycemic Control: Proportion of patients with diagnosed diabetes with ideal glycemic control (A1c < 7.0). [outcome]	Increase the rate to 32% (2% above the FY 2005 rate of 30%)	Increase the rate to 34% (4% higher than the FY 2005 rate of 30%)	Maintain at the FY 2007 rate	Kelly Acton, OCPS/DDTP, 505-248-4182 Kelly Moore
3. Diabetes: Blood Pressure Control: Proportion of patients with diagnosed diabetes that have achieved blood pressure control (<130/80). [outcome]	Maintain at the FY 2005 rate of 37%	Maintain at the FY 2005 rate of 37%	Maintain at the FY 2007 rate	Kelly Acton, OCPS/DDTP, 505-248-4182 Kelly Moore
4. Diabetes: Dyslipidemia Assessment: Proportion of patients with diagnosed diabetes assessed for dyslipidemia (LDL cholesterol). [outcome]	Increase the rate to 56% (3% higher than the FY 2005 rate of 53%)	Increase the rate to 59% (6% higher than the FY 2005 rate of 53%)	Maintain at the FY 2007 rate	Kelly Acton, OCPS/DDTP, 505-248-4182 Kelly Moore
5. Diabetes: Nephropathy Assessment: Proportion of patients with diagnosed diabetes assessed for nephropathy. [outcome]	Increase the rate to 50% (3% higher than the FY 2005 rate of 47%)	Increase the rate to 53% (6% higher than the FY 2005 rate of 47%)	Maintain at the FY 2007 rate	Kelly Acton, OCPS/DDTP, 505-248-4182 Kelly Moore

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<u>6. Diabetic Retinopathy:</u> Proportion of patients with diagnosed diabetes who receive an annual retinal examination. [outcome]	Maintain at the FY 2005 rate of 50% at designated pilot, and, Establish new baseline rate at all sites	Maintain the FY 2006 rate at all sites	TBD: Refer to measure lead to evaluate and set target	Mark Horton, PIMC 602-263-1200 ext 2217 602-820-7654 (cell)
Cancer Screening Group				
<u>7. Cancer Screening: Pap Smear Rates:</u> Proportion of eligible women who have had a Pap screen within the previous three years. [outcome]	Maintain at the FY 2005 rate of 60%	Maintain at the FY 2005 rate of 60%	Increase by 1% over the FY 2007 rate	Carolyn Aoyama, DNS/OCPS, 301-443-1840
<u>8. Cancer Screening: Mammogram Rates:</u> Proportion of eligible women who have had mammography screening within the previous two years. [outcome]	Maintain at the FY 2005 rate of 41%	Maintain at the FY 2005 rate of 41%	Maintain at the FY 2007 rate	Carolyn Aoyama, DNS/OCPS, 301-443-1840
<u>9. Cancer Screening: Colorectal Rates:</u> Proportion of eligible patients who have had appropriate colorectal cancer screening. [outcome]	Establish baseline rate	Maintain at the FY 2006 rate	Maintain at the FY 2007 rate	Nat Cobb, /OPHS/Epi, 505-248-4132
Alcohol and Substance Abuse Group				
<u>10. RTC Improvement/Accreditation:</u> Accreditation rate for Youth Regional Treatment Centers (in operation 18 months or more). [output effective 05]	Maintain 100% accreditation rate for Youth Regional Treatment Centers	Maintain 100% accreditation rate for Youth Regional Treatment Centers	Maintain 100% accreditation rate for Youth Regional Treatment Centers (Wilbur Woodis will meet with his workgroup and may propose an alternate target to consider)	Wilbur Woodis, OCPS/DBH, 301- 443-6581
<u>11. Alcohol Screening (FAS Prevention):</u> Alcohol use screening (to prevent Fetal Alcohol Syndrome) among appropriate female patients. [outcome]	Increase the screening rate to 12% (1% over the FY 2005 rate of 11%)	Increase the screening rate to 13% (2% over the FY 2005 screening rate of 11%)	Increase by 1% over the FY 2007 rate	Wilbur Woodis, OCPS/DBH, 301-443-6581

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Oral Health Group				
12. Topical Fluorides: Proportion of patients receiving one or more fluoride treatments. [outcome](In 2005 only : topical fluoride applications are a component of this measure.)	Maintain at the FY 2005 rate of 85,318 patients receiving topical fluoride treatments	Maintain at the FY 2005 rate of 85,318 patients receiving topical fluoride treatments	TBD: Refer to measure lead with suggestions for measure revision or possible elimination	Patrick Blahut, OCPS/DOH, 301-443-1106
13. Dental Access: Percent of patients who receive dental services. [outcome]	Maintain at the FY 2005 rate of 24%	Maintain at the FY 2005 rate of 24%	Maintain at the FY 2005 rate of 24%	Patrick Blahut, OCPS/DOH, 301-443-1106
14. Dental Sealants: Number of sealants placed per year in AI/AN patients. [outcome]	Maintain at the FY 2005 rate of 249,882 sealants	Maintain at the FY 2005 rate of 249,882 sealants	Maintain at the FY 2005 rate of 249,882 sealants	Patrick Blahut, OCPS/DOH, 301-443-1106
Family Abuse, Violence, and Neglect Measure				
16. Domestic (Intimate Partner) Violence Screening: Proportion of women who are screened for domestic violence at health care facilities. [outcome]	Increase the rate to 14% (1% over the FY 2005 rate of 13%)	Increase the rate to 15% (2% over the FY 2005 rate of 13%)	Increase by 1% over the FY 2007 rate	Theresa Cullen, ITSC/DIR/OMS 520-670-4803 Ramona Williams, OCPS/DBH, 301-443-2038
Information Technology Development Group				
17. Data Quality Improvement: Number of GPRA clinical performance measures that can be reported by CRS software.	Increase the number of GPRA performance measures that can be reported by CRS software over the FY 2005 rate	All clinical GPRA performance measures will be reported using CRS software	Eliminate in FY 2008	Theresa Cullen, ITSC/DIR/OMS, 520-670-4803
18. Behavioral Health: Number of sites using the RPMS Behavioral Health (BH) software application. In 2006 changes to: Proportion of adults ages 18 and over who are screened for depression. [Changes to outcome in FY 2006]	Establish the baseline rate of adults screened for depression	Maintain at the FY 2006 rate	Increase over the FY 2007 rate (Need to establish specific percentage increase)	Wilbur Woodis, OCPS/DBH, 301-443-6581

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19. Urban IS Improvement: Expand Urban Indian Health Program capacity for securing mutually compatible automated information system that captures health status and patient care data for the Indian health system. In 2006 changes to: Number of urban programs using automated patient record system and data warehouse.	Increase number of urban sites reporting clinical GPRA performance measures through the national clinical reporting process from 2005 levels	Maintain the number of urban sites reporting clinical GPRA performance measures through the national clinical reporting process at the FY 2006 level	In 2008 this measure changes to: Proportion of GPRA measures met by urban comprehensive programs: 2008 Target is: Establish the baseline percentage of GPRA measures met by urban comprehensive programs	Denise Exendine OD/OUIHP, 301-443-4680
Quality of Care Group				
20. Accreditation: Percent of hospitals and outpatient clinics accredited (excluding tribal and urban facilities).	Maintain 100% accreditation rate for IHS-operated hospitals and outpatient clinics	Maintain 100% accreditation rate for IHS-operated hospitals and outpatient clinics	Maintain 100% accreditation rate for IHS-operated hospitals and outpatient clinics	Balerna Burgess, ORAP/BOE, 301-443-1016
21. Medication Error Improvement: Number of Areas with a medication error reporting system. [outcome] In 2006, changes to Medical Error Improvement: Number of areas with a medical error reporting system.	Medical Error: Establish and evaluate a medical error reporting system at 3 Areas	In 2007 this measure changes to: Patient Safety: Development and deployment of patient safety measurement system	TBD consistent with PART recommendations	Sheila Warren Robert Pittman
PREVENTION MEASURES				
Public Health Nursing Measure				
23. Public Health Nursing: Number of public health nursing services (primary and secondary treatment and preventive services) provided by public health nursing. [outcome] changes to output in 06	Implement data system to record time spent and nature of public health activities other than one-on-one patient care, with an emphasis on activities that serve groups or the entire community	Eliminate in 2007 (PHN measure lead will become co-lead on new proposed breastfeeding measure and on immunization measures)	Eliminated in FY 2007	Cheryl Peterson, OCPS 301-443-1840

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Immunization Group				
24. Childhood Immunizations: Immunization rates for AI/AN patients aged 19-35 months. [outcome]	Maintain at the FY 2005 rate of 75%	Maintain at the FY 2005 rate of 75%	Maintain at the FY 2007 rate	Amy Groom, OPHS/Epi 505-248-4226 Jim Cheek, OPHS/Epi, 505-248-4226 Cheryl Peterson OCPS 301-443-1840
25. Adult Immunizations: Influenza: Influenza vaccination rates among adult patients age 65 years and older. [outcome]	Maintain at the FY 2005 rate of 59%	Maintain at the FY 2005 rate of 59%	Maintain at the FY 2007 rate	Amy Groom, OPHS/Epi. 505-248-4226 Jim Cheek, DPHS/Epi, 505-248-4226 Cheryl Peterson OCPS 301-443-1840
26. Adult Immunizations: Pneumovax: Pneumococcal vaccination rates among adult patients age 65 years and older. [outcome]	Increase the rate to 72% (3% over the FY 2005 rate of 69%)	Increase the rate to 76% (3% over the FY 2005 rate of 69%)	Maintain at the FY 2007 rate	Amy Groom, OPHS/Epi 505-248-4226 Jim Cheek, OPHS/Epi 505-248-4226 Cheryl Peterson OCPS 301-443-1840
Injury Prevention Group				
27. Injury Intervention: Number of community-based injury prevention programs (Measure will reflect number of projects per area starting in FY 2007).	Web-based Reporting: Implement web-based data collection system to report injury prevention projects.	Conduct at least three community injury prevention projects in each Area and report them using the automated tracking system.	Proposed new FY 2008 measure: Injury Intervention (Vehicle Safety Education): Proportion of patients receiving vehicle safety education Proposed target for new measure: Establish baseline rate of patients receiving education on vehicle safety (Refer to measure lead and program for consideration)	Nancy Bill, OEHE/DEHS, 301-443-0105 Proposed CO-LEAD – National EMS Coordinator

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<u>28. Unintentional Injury</u> <u>Rates:</u> Unintentional injury mortality rate in AI/AN people. [outcome]	Maintain the unintentional injury mortality rate at 88.8 per 100,000	Maintain the unintentional injury mortality rate at 88.8 per 100,000	Eliminate as annual GPRA measure. Change to long term goal for Measure 27 Injury Intervention (Refer to measure lead for consideration and establishment of long term target)	Nancy Bill, OEHE/DEHS, 301-443-0105
Suicide Prevention Measure				
<u>29. Suicide Surveillance:</u> Collection of comprehensive data on incidence of suicidal behavior. In 2006 changes to: Incidence of suicidal behavior [Changes to outcome in FY 2006]	Establish a baseline of the incidence of suicidal behavior	Eliminate as annual GPRA measure. Change to long term goal for measure 18 Depression Screening (Refer to measure lead for consideration and establishment of long term target)	Eliminated in FY 2007	Wilbur Woodis, OCPS/DBH, 301-443-6581
Developmental Prevention and Treatment Group				
<u>30. CVD Prevention:</u> <u>Cholesterol:</u> Proportion of patients ages 23 and older who receive blood cholesterol screening. In FY 2007 changes to CVD Prevention: Comprehensive Assessment: Proportion of at risk patients who have a comprehensive assessment for all CVD-related risk factors. [outcome]	Increase the rate to 44% (1% over the FY 2005 rate of 43%)	<u>CVD Prevention:</u> <u>Comprehensive Assessment:</u> Establish the baseline rate of at-risk patients who have a comprehensive assessment	Increase over the FY 2007 baseline rate (Need to establish specific percentage increase)	James Galloway, PAO/Native American Cardiology Program, 928-214-3920
<u>31. Obesity Assessment:</u> Proportion of patients for whom BMI data can be measured. In 2006, changes to Childhood Weight Control: Proportion of children ages 2-5 years with a BMI of 95% or higher.	<u>Childhood Weight Control:</u> Establish the baseline rate of children ages 2-5 with a BMI of 95% or higher	Eliminate as annual GPRA measure. Change to long term goal for proposed new measure 31 (Refer to measure lead for consideration and establishment of long term target) Proposed new measure below	Increase the rate of X month olds who are breastfeeding exclusively over the FY 2007 rate (Need to establish age range and specific percentage increase)	Jean Charles-Azure, OCPS/DCCS, 301-443-0576 Cheryl Peterson, OCPS 301-443-1840

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[outcome]		Proposed new measure: Breastfeeding Rates: Proportion of X month olds who are breastfeeding exclusively Proposed target: Establish the baseline rate (Refer to measure lead for consideration)		
32. Tobacco Use Assessment: Proportion of patients ages 5 and above who are screened for tobacco use. In 2006, changes to Tobacco Cessation Intervention: Proportion of tobacco-using patients that receive tobacco cessation intervention. [outcome]	Tobacco Cessation Intervention: Establish the initial rate of patients receiving tobacco cessation intervention	Maintain at the FY 2006 rate	Increase over the FY 2007 rate (Need to establish specific percentage increase)	Nat Cobb, OPHS/Epi , 505-248-4132 Mary Wachacha, OCPS, 828-292-1175
HIV/AIDS Measure				
33. HIV Screening: Proportion of pregnant women screened for HIV. [outcome]	Increase the rate to 55% (1% over the FY 2005 rate of 54%)	Maintain at the FY 2006 target rate of 55%	Increase over the FY 2007 rate (Need to establish specific percentage increase)	Jim Cheek, DPHS/Epi, 505-248-4226
Environmental Surveillance Measure				
34. Environmental Surveillance: Number of tribal programs with automated web-based environmental health surveillance data collection system (WebEHRS).	18 programs	29 programs	TBD: Refer to measure lead to consider establishing a new measure for FY 2008	Kelly Taylor, OEHE,OPHS, 301-443-1593

Performance Measure	FY 2006 Target	FY 2007 Target	FY 2008 Target	Headquarters Lead
CAPITAL PROGRAMMING/INFRASTRUCTURE MEASURES				
35. Sanitation Improvement: Number of new or like-new AI/AN homes and existing homes provided with sanitation facilities. EFFICIENCY MEASURE	22,000homes	22,500	Maintain at 22,500	James Ludington, OEHE/DSFC 301-443-1046
35A. Sanitation Improvement A. Percentage of existing homes served by the program at Deficiency Level 4 or above as defined by 25 USC 1632.	20% of homes	30% of homes	35%	James Ludington, OEHE/DFSC, 301-443-1046
36. Health Care Facility Construction: Number of Health Care Facilities Construction projects completed. EFFICIENCY MEASURE (effective 2005)	Complete construction of replacement health centers at Red Mesa, AZ, St. Paul, AK, and Metlakatla, AK	Complete construction of replacement health centers at Sisseton, SD and Clinton, OK	Complete construction of replacement health centers at : Phoenix-Nevada Youth Regional Health Center (YRTC), Fort Belknap Quarters, MT, and Cherokee Nation (Muskogee), OK	Jose Cuzme, OEHE/DFPC/, 301-443-8616
Quality of Work Life and Staff Retention Group				
42. Scholarships: Proportion of Health Profession Scholarship recipients placed in Indian health settings within 90 days of graduation.	Increase the rate to 32% (2% over the FY 2005 rate of 30%) Moves to Treatment Group in 2006	Increase the rate to 34% (2% over the FY 2006 target rate of 32%)	Proposed change to measure: Proportion of Health Profession Scholarship recipients placed in Indian health settings within 90 days of completion of required training/certifications. (outcome) Increase 2% over the FY 2007 rate	Jess Brien, OPHS/DHP, 301-443-2545

**** Measures 15 (Diabetic Dental), 22 (Customer Satisfaction), 37 (Consultation Process), 38 (CHS Procurement Improvement), 39 (Public Health Infrastructure), 40 (Compliance Plans), and 41 (Tribal SD Process) were completed prior to 2006 and have been removed from the matrix.**